

DUNLAP, CODDING & ROGERS, P.C.  
ATTORNEYS AT LAW  
1601 N.W. Expressway, Suite 1000  
Oklahoma City, Oklahoma 73118

MAY 24 2005

Telephone  
(405) 607-8600

Facsimile  
(405) 607-8686

**FACSIMILE MESSAGE**

TO FACSIMILE NO.: (703) 872-9306

ATTENTION: Examiner Marc S. Zimmer

FROM: Douglas J. Sorocco

SUBJECT: Application No. 09/938,039

Applicants: Karl W. Terry and Bryan S. Lembo

Filed: 08/23/2001

TC/Au: 1712 (Conf. No. 1958)

TITLE: Composition for Providing an Abrasion  
Resistant Coating on a Substrate with  
A Matched Refractive Index and  
Controlled Tintability

Docket No. 7124.015

Customer No. 30589

DATE: May 24, 2005

PAGES: 11 plus this transmittal page.

Call (405) 607-8600 if you should have any questions regarding this transmittal.

\*\*\*\*\*

MESSAGE:

Please see attached documents.

DJS/nfn

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PTO/SB/21 (09-04)

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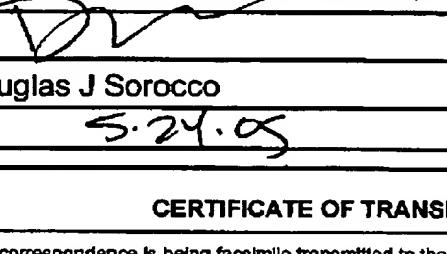
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

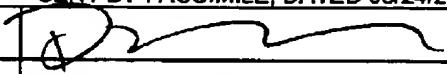
Total Number of Pages in This Submission

Application Number	09/938,039
Filing Date	08/23/2001
First Named Inventor	Karl W. Terry and Bryan S. Lembo
Art Unit	1712
Examiner Name	M.S. Zimmer
Attorney Docket Number	7124.015

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks 1. Transmittal Form (1 page); 2. Fee Transmittal (1 page); 3. Fee Determination Record (1 page); 4. Credit Card Payment Form (1 page); 5. Amendment and Response (3 pages); and 6. Terminal Disclaimer (4 pages).		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	DUNLAP, CODDING & ROGERS, P.C.	
Signature		
Printed name	Douglas J Sorocco	
Date	5.24.05	Reg. No. 43,145

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: \*\*\* SENT BY FACSIMILE, DATED 05/24/2005\*\*\*

Signature 

Typed or printed name

Douglas J Sorocco

Date

5.24.05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**130.00****Complete If Known**

Application Number	09/938,039
Filing Date	08/23/2001
First Named Inventor	Karl W. Terry and Bryan S. Lembo
Examiner Name	M.S. Zimmer
Art Unit	1712
Attorney Docket No.	1958

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Small Entity
	- 20 or HP =	x	0.00	=	0.00	Fee (\$)	Fee Paid (\$)
	HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		0	0.00	
	- 3 or HP =	x	0.00	=	0.00		
	HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 =	(round up to a whole number) x	= 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

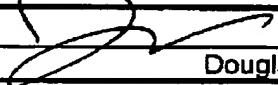
Fee Paid (\$)

Other: Filing fees for Terminal Disclaimer.

0.00

130.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	43,145	Telephone	405-607-8600
Name (Print/Type)	Douglas J. Sorocco				Date <b>5.24.05</b>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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